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CONFIRMATION NO. 5867

FILING OR 371(c) **ATTORNEY** DATE **CLASS GROUP ART UNIT SERIAL NUMBER** DOCKET NO. 11/17/1999 09/442,445 382 2624 06730001AA RULE **APPLICANTS** ADRIAN STOICA, POTOMAC, MD; ** CONTINUING DATA ***************** ** FOREIGN APPLICATIONS ************** IF REQUIRED, FOREIGN FILING LICENSE GRANTED * 12/22/1999 u yes W no Foreign Priority claimed **TOTAL** INDEPENDENT STATE OR SHEETS Allowance COUNTRY **DRAWING CLAIMS CLAIMS** MD 15 25 Verified and Acknowledged Examiner's Signature Initials **ADDRESS** 23345 TITLE SYSTEM AND METHOD FOR PERFORMING PATTERN MATCHING IMAGE COMPRESSION All Fees 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of **FILING FEE** FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT ltime) **RECEIVED** No. _____ for following: 850 🗖 1.18 Fees (Is<u>sue)</u> Other ☐ Credit